

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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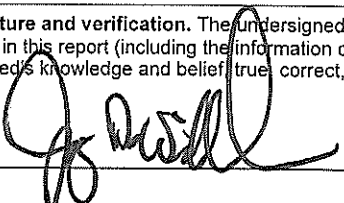
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - 2277 | 2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04 |
| 3. Name and address of person filing. Name JIMMY D. WILLIAMS P.O. Box, Bldg., Room No., if any Street 100 INDIANA AVE NW City WASHINGTON State DC ZIP Code + 4 20001 | 4. Name, file number, and address of labor organization. Name NATIONAL ASSOCIATION OF LETO CARRIERS Labor Organization File Number 000-509 P.O. Box, Building and Room Number, if any Street 100 INDIANA AVE. NW City WASHINGTON State DC ZIP Code + 4 20001 |
| 5. Position in labor organization. EXECUTIVE VICE PRESIDENT | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

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| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |
| Signed  | On 8/15/05 Date 202 662 2840 Telephone Number |

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| Name of Person Filing JIMMY D. WILLIAMS | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name PEAKE-DELANEY PRINTING LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2500 SCHUSTER DR. City CHEVERLY State MD ZIP Code + 4 20781 | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. PRINTER WHO COMPETITELY BIDS ON PRINTING JOBS 11.b. Approximate dollar value of such dealing. 2,700,000 12.a. Nature of interest held or income received. 1 ROUND OF GOLF CHRISTMAS CARDS 2 REDSKIN TICKETS 4 GIFT PACKS 12.b. Amount. 1514.00 |

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| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name CAREMARK INC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2211 SANDERS RD.</p> <p>City NORTHBROOK</p> <p>State IL ZIP Code + 4 60062</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
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| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>DRUG PPO FOR HEALTH BENEFIT PLAN</p> <p>11.b. Approximate dollar value of such dealing. 3,500,000</p> <p>12.a. Nature of interest held or income received.</p> <p>4 ROUNDS OF GOLF</p> <p>1 BREAKFAST</p> <p>1 SNACK</p> <p>12.b. Amount. 378.00</p> |
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name JOHN KEAGY</p> <p>Trade Name, if any: GRAPHIC ARTS</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4801 VIEWPOINT PLACE</p> <p>City CHEVELLY</p> <p>State MD ZIP Code + 4 20781</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>COMPETITIVE BIDS ARE RECEIVED AND VARIOUS PLUMBING JOBS ARE AWARDED</p> |
| | <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>1 ROUND OF GOLF W/ LUNCH</p> |
| | <p>12.b. Amount. 150.00</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name KELLY PRESS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1701 CABIN SPRING DR</p> <p>City CHEVY CHASE</p> <p>State MD ZIP Code + 4 20785</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>PRINTER WHO COMPETITIVELY BIDS & IS AWARDED PRINTING JOBS</p> |
| | <p>11.b. Approximate dollar value of such dealing. \$115,000</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>1 ROUND OF GOLF</p> |
| | <p>12.b. Amount. 115.00</p> |

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| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |